

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>3/7/05</u> | | 2 Serial/Patent # <u>10130835</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| ✓ | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| ✓ | Petition | Pet. 0000 | 2/11/05 | \$ 1370.00 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ 1370.00 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| ✓ | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>1</td><td>5</td><td>0</td><td>5</td></tr></table> | | | 5 | 0 | -- | 1 | 5 | 0 | 5 |
| 5 | 0 | -- | 1 | 5 | 0 | 5 | | | | | |
| ✓ | No Fee Due (Explanation): | | | | | | | | | | |
| Petition was unnecessary & dismissed as MOOT. | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Liana Chase</u> | | TITLE: <u>Paralegal</u> | | | | | | | | | |
| SIGNATURE: <u>Liana Chase</u> | | PHONE: <u>202-3206</u> | | | | | | | | | |
| OFFICE: <u>Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Alicia Kelle</u> | | DATE: <u>3/15/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B